

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Clay Russell				Governor's Office	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU	
Assistant to the Governor					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		300 S. Spring St. Suite 16701			
CITY	STATE	ZIP	CITY	STATE	ZIP
			Los Angeles	CA	90013

MONTH/YEAR 11/89		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
5-Nov	950pm	LA							/	24.00		0.00	24.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
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												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	24.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$24.00		

STAFF THE GOVERNOR AT
"BAFTA" EVENT

CL	DATE 2-12-10	SIGNATURE OF OFFICER APPROVING TRAVEL AND EXPENSE	DATE 2/17/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE

TRAVEL EXPENSE CLAIM

STD 262 (REV. 10/92)

**See Instructions and Privacy
Statement on Reverse Side**

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CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Clay Russell				Governor's Office	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU	
Assistant to the Governor					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		INDEX NUMBER	
		300 S. Spring St. Suite 16701			
CITY		STATE		ZIP	
Los Angeles		CA		90013	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
11-Dec	1050pm	LA							6.60		0.00		6.60	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	6.60	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$6.60		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

STAFF THE GOVERNOR AT
USC EVENT - BILTMORE HOTEL

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.34

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES	DATE	SIGNATURE	DATE

TRAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

STD. 262 (REV. 10/92)

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Clay Russell				Governor's Office	
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Assistant to the Governor					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		300 S. Spring St. Suite 16701			
CITY	STATE	ZIP	CITY	STATE	ZIP
	CA	90031	Los Angeles	CA	90013

MONTH/YEAR 1/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
13-Jan		LA							30.00		0.00		30.00	
16-Jan		Bev Hills							10.00		0.00		10.00	
16-Jan		Bev Hills							12.00		0.00		12.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	52.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$52.00		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

STAFF GEN.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.34

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

CLAIM	DATE 2-12-10	SIGNATURE OF OFFICER APPROVING TRAVEL AND EXPENSES	DATE 2/17/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE